givejedahand



Dear Members of OHTAC,

I support your recommendation that rTMS be publically funded for patients with treatment-resistant depression in designated Centres of Excellence. Major depression is one of the leading causes of disability worldwide and new treatments for depression are desperately needed to restore health and combat this often disabling condition. rTMS has the potential to significantly improve the lives of the 30-50% of Ontarians with depression who do not respond to medications and/or psychotherapy.

I am concerned, however, with your recommendation to restrict rTMS to patients only when ECT has failed or is contraindicated. There is robust evidence to suggest that withholding rTMS until after ECT is counterproductive clinically, reducing the likelihood of a successful outcome. rTMS is also not as effective in patients who do not respond to ECT.

ECT is a far more invasive treatment than rTMS. While there have been advances to mitigate complications and side effects of ECT, patients can still experience significant side effects in short-term memory and attention. Understandably, this can limit the widespread use of ECT.

I would ask the committee to modify their recommendation that patients must first demonstrate ECT failure before being provided the option of rTMS. rTMS should be available to patients with treatment-resistant depression when ECT is contraindicated or when the patient refuses to provide consent to ECT delivery.

Sincerely,

debmccaincomm likes this

givejedahand #oneBRAVEnight #CAMHFoundation: "Hi there! I'm Zappy Jeff Daskalakis. Don't know anything about #science?! Neither do I! Why do you think I work for #CAMH ?! #Scientific #skepticism would just get in the way of #CAMHFoundation #fundraising like #oneBRAVEnight and make it difficult to write #scientifically #worthless letters like this one , #pimping #rTMS without any #proof. So #shutup you #stupid #dumb #cheerleader #FUCK - and #SIGNIT! #sunriseselfie

MAY 12, 2016